Fill in this information to identify your case:		
United States Bankruptcy Court for the :		
District of(State)		
Case Number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	Dion First name	Carmen First name
	identification (for example, your driver's license or	James	-
	passport).	Middle name Bieker	Middle name Bieker
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		Carmen
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name Mantz
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>9073</u>	XXX - XX - <u>2227</u>
	number or federal Individual Taxpayer Identification number	OR	OR
	identification number	9xx - xx	9xx - xx

Debtor	1 Dion	James	Bieker	Case Number (if known)
	First Name	Middle Name	Last Name	
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
	Any business names and Employer Identification Numbers	I have not u	ised any business names or EINs.	I have not used any business names or EINs.
	(EIN) you have used in the last 8 years	Business name		Business name
	Include trade names and doing business as names	Business name		Business name
		EIN		EIN
		=		EIN
5.	Where you live			If Debtor 2 lives at a different address:
		6735 Nichols	Ct.	
		Number Street	t	Number Street
		Mount Pleasa	ant WI 53406	
		City	State ZIP Code	City State ZIP Code
		RACINE		
		County		County
		above, fill it in h	address is different from the one were. Note that the court will send ou at this mailing address.	If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.
		Number Street	t	Number Street
		P.O. Box		P.O. Box
		City	State ZIP Code	City State ZIP Code
	Why you are choosing this district to file for bankruptcy.		180 days before filing this petition, n this district longer than in any	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		l have anothe (See 28 U.S.C	er reason. Explain. C. § 1408	☐I have another reason. Explain. (See 28 U.S.C. § 1408

Debtor 1	Dion	James	Bieker		Case Number (if known)	
	First Name	Middle Name	Last Name			
Part 2	Tell the Court About Y	our Bankruptcy (ase			
B: ar	ne chapter of the ankruptcy Code you re choosing to file ander		Bankruptcy (Form 2010)). Als ier 7 ier 11 ier 12		equired by 11 U.S.C. § 342(b) for Individuals age 1 and check the appropriate box.	
8. H	ow you will pay the fee	local of yours subm with a lineer Application I requests to pay the pay the second subsection of the pay the pay the second subsection of the pay the pay the pay the second subsection of the pay	court for more details about for more details about fit you may pay with cas itting your payment on you pre-printed address. If to pay the fee in installination for Individuals to Payment for Individuals to Pa	but how you may peth, cashier's check bur behalf, your at ments. If you cho ay The Filing Fee d (You may reque t required to, waiv poverty line that ap	Please check with the clerk's office in your pay. Typically, if you are paying the fee k, or money order. If your attorney is torney may pay with a credit card or check cose this option, sign and attach the in Installments (Official Form 103A). The set this option only if you are filing for Chapter 7. The your fee, and may do so only if your income is applies to your family size and you are unable to potion, you must fill out the Application to Have the set and file it with your petition.	
ba	ave you filed for ankruptcy within the st 8 years?	□ No ■ Yes.	District Wiebke District None District	When	01/15/2010	
ca fil no yo pa	re any bankruptcy ases pending or being ed by a spouse who is of filing this case with ou, or by a business arter, or by filiate?	■ No	District	When	Relationship to you Case Number, if known MM / DD / YYYY Relationship to you Case Number, if known	
	o you rent your sidence?	■ No. □ Yes.	residence?	atement About an Ev	nt against you and do you want to stay in your Viction Judgment Against You (Form 101A) and file it with	

Debtor 1	Dion	James	Bieker		Case Number (if kr	nown)		
	First Name	Middle Name	Last Name					
Part 3	Report About Any Busin	nesses You Ow	n as a Sole Proprietor					
12. A	re you a sole proprietor	No.	Go to Part 4.					
0	f any full- or part-time	☐ Yes.	Name and location of b	ousiness				
b	usiness?							
Α	sole proprietorship is a							
	usiness you operate as an		Name of business, if any					
	idividual, and is not a eparate legal entity such as							
	corporation, partnerhsip, or							
	LC.		Number Street					
	you have more than one							
	ole proprietorship, use a eparate sheed and attach it							
	this petition.							
	·							
			City			State	Zip Code	
			Check the appropriate	box to descri	be your business:			
			☐ Health Care Busi	ness (as defir	ned in 11 U.S.C. § 101(27A))			
			☐ Single Asset Rea	l Estate (as d	efined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as o	defined in 11 l	J.S.C. § 101(53A))			
			Commodity Broke	er (as defined	in 11 U.S.C. § 101(6))			
			■ None of the above	e				
a d Fe b	eankruptcy Code and re you a small business lebtor? or a definition of small usiness debtor, see 1 U.S.C. § 101(51D).	document No. I	am not filing under Chal am filing under Chapter am filing under Chapter the Bankruptcy Code.	procedure in pter 11. 11, but I am I	ow statement, and federal income of 11 U.S.C. § 1116(1)(B). NOT a small business debtor according a small business debtor according	rding to the	e definition in	
			Bankruptcy Code.	Tranaram.	a ciriali bacilicos debici deceralig	to the dom		
Part 4	Report if You Own or H	ave Any Hazard	lous Property or Any Prop	erty That Nee	ds Immediate Attention			
		-						
	o you own or have any roperty that poses or is	No.						
_	lleged to pose a threat	Yes.	What is the hazard?					_
	f imminent and							
ir	ndentifiable hazard to							
р	ublic health or safety?							_
_	or do you own any							
р	roperty that needs		If immediate attention in	noodedlee	is it needed?			
	nmediate attention?		in infinediate attention is	neeueu, wny	is it lieeded?			
	or example, do you own							
-	erishable goods, or livestock nat must be fed, or a building							_
	nat needs urgent repairs?							
• • • • • • • • • • • • • • • • • • • •								
			Where is the property?					
			. , , -	Number	Street			
				City:			to 710.0-1	
				City		Stat	te ZIP Code	

Debtor 1

Dion

James

Bieker

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing abou
credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to	o receive a	a briefing	about
credit counseling b	oecause o	f:	

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debto	or 1 Dion	James	Bieker	Case Number (if know	/n)
	First Name	Middle Name	Last Name		
Pai	rt 6: Answer These Question	s for Reporting Purposes			
16.	What kind of debts do you have?	as "incurred by ar No. Go to line Yes. Go to line 16b. Are your debts money for a busin No. Go to line Yes. Go to line	n individual primarily for a e 16b. ne 17. primarily business de ness or investment or through 16c. ne 17.	lebts? Consumer debts are defined personal, family, or household purpose bets? Business debts are debts that bugh the operation of the business or the consumer debts or business debts.	e you incurred to obtain investment.
17.	Are you filing under Chapter 7?	No. I am not filin	ng under Chapter 7. Go to) line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?			estimate that after any exempt propei t funds will be available to distribute t	
18.	How many creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999	5,0	00-5,000 01-10,000 001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
19.	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,00	0	000,001-\$10 million 0,000,001-\$50 million 0,000,001-\$100 million 00,000,001-\$500 million	□\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 ■ \$100,001-\$500,000 □ \$500,001-\$1 million	0	000,001-\$10 million 0,000,001-\$50 million 0,000,001-\$100 million 00,000,001-\$500 million	□\$500,000,001-\$1 billion □\$1,000,000,001-\$10 billion □\$10,000,000,001-\$50 billion □More than \$50 billion
Pai	Sign Below				
For	you	correct. If I have chosen to file to of title 11, United States under Chapter 7. If no attorney represent this document, I have of I request relief in according understand making a file.	under Chapter 7, I am awas Code. I understand the rates me and I did not pay or obtained and read the notice dance with the chapter of false statement, concealing can result in fines up to \$1, 1519, and 3571.	r penalty of perjury that the information are that I may proceed, if eligible, under the elief available under each chapter, a agree to pay someone who is not are cerequired by 11 U.S.C. § 342(b). Ititle 11, United States Code, specified agree property, or obtaining money or proceed the eligible property or imprisonment for up to 2 signature of the eligible process.	der Chapter 7, 11,12, or 13 and I choose to proceed n attorney to help me fill out ed in this petition. roperty by fraud in connection 20 years, or both.
		Executed on05	5/02/2016 MM / DD / YYYY	Executed of	on 05/02/2016 MM / DD / YYYY

Debtor 1	Dion	James	Bieker	Case Number (if known)
				, , , , , , , , , , , , , , , , , , , ,

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

🗶 /s/ Joseph James Blaha	Date: 05/13/2016
Signature of Attorney for Debtor	MM / DD / YYYY
Joseph James Blaha	
Printed name	
Geraci Law L.L.C.	
Firm name	
55 E. Monroe St., #3400	
Number Street	
Chicago	IL 60603
	IL 60603
Chicago City Contact Phone _ 312-332-1800	

Debtor 1	Dion	James	Bieker
200101	First Name	Middle Name	Last Name
Debtor 2	Carmen		Bieker
(Spouse, if filing)	First Name	Middle Name	Last Name
	, ,	he : <u>EASTERN</u> District of <u>W</u>	/ISCONSIN_ (State)
Case Number			_

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets
	Value of what you own
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$ 0
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 184,317
1c. Copy line 63, Total of all property on Schedule A/B	\$ 184,317
Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$164,064
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$8,800
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$57,489
Summarize Your Liabilities	
summarize Your Liabilities	
Schedule I: Your Income (Official Form 106I)	¢3 033 E
	\$3,932.55

Debtor 1	Dion	James	Bieker	Cas	se Number <i>(if kr</i>	nown)	
ntries	First Name Description	Middle Name	Last Name	Asset	sAmount	<u>LiabilitiesAmoun</u>	t
Part 4:		Questions for Administrative	and Statistical Records				-
		ptcy under Chapter 7, 11 or	form. Check this box and submit	t this form to the co	urt with your o	ther schedules.	
	family, or household p	arily consumer debts. Consumer debts. Consumer debts. 2018)	umer debts are those "incurred by b. Fill out lines 8-9g for statistical produced out have nothing to report on this	ourposes. 28 U.S.C	. § 159.		
		Your Current Monthly Incom R, Form 122B Line 11; OR, F	ne: Copy your total current month orm 122C-1 Line 14.	lly income from Offic	cial	_	\$ 6,112.31
9. Cop	y the following speci	ial categories of claims fror	n Part 4, line 6 of <i>Schedule E/F</i> :		Total claim		
Fro	m Part 4 of Schedul	e E/F, copy the following:					
9a. I	Domestic support obli	igations (Copy line 6a.)			\$ 0.00		
9b. ⁻	Taxes and certain oth	er debts you owe the govern	nment. (Copy line 6b.)		\$_1,800.00)	
9c. (Claims for death or pe	ersonal injury while you were	intoxicated. (Copy line 6c.)		\$_0.00		
9d. \$	Student loans. (Copy	line 6f.)			\$ 49,771.0	00	
	Obligations arising ou rity claims. (Copy line		or divorce that you did not report	as	\$ 0.00		
9f. I	Debts to pension or p	rofit-sharing plans, and other	r similar debts. (Copy line 6h.)	_	\$_0.00		
9g. -	Total. Add lines 9a th	rough 9f.			\$ 51,571.0	00	

Fill in this in	nformation to ident	tify your case	and this filing	ı:					
Debtor 1	Dion	Já	ames	Bieker					
	First Name	Mid	dle Name	Last Name					
Debtor 2	Carmen			Bieker					
(Spouse, if filing)	First Name	Mid	dle Name	Last Name					
United States	Bankruptcy Court for	the : <u>EASTE</u>	RN District of	WISCONSIN(State)			_		
Case Number	r			(State)				Check if t	his is an
(If known)								amended	filing
category where esponsible for pages, write yo	e you think it fits be supplying correct our name and case Describe Each Resi	est. Be as cor t information. number (if kr idence, Buildin	nplete and ac If more space nown). Answe g, Land, or Oth	asset only once. If an asset fits curate as possible. If two marr is needed, attach a separate s r every question. er Real Esate You Own or Have ny residence, building, land, o	ied people are filing togethe sheet to this form. On the to an Interest In	r, both are	equally		
No.	vn or nave any leg	ai or equitable	e interest in a	ny residence, building, land, o	similar property?				
Yes.	Describe								
				What is the property? Check a	Il that apply.		leduct secured clair		
6735 Nich	hols Ct.			Single-family home			unt of any secured s S Who Have Claims		
Street addr	ess, if available, or otl	her description		Duplex or multi-unit building		Greater	o vino riavo olami	o coodii ca bj	, i roporty
				Condominium or cooperative		Current	value of the	Current	value of the
				Manufactured or mobile home	e	entire p	roperty?	portion	you own?
Mount Ple	easant	WI	53406	Land		\$	135,700.00	\$	135,700.00
City		State	ZIP Code	Investment property					
				Timeshare		Docorib	o the nature of w	OUR OWES	ehin

Who has an interest in the property? Check one.

Other information you wish to add about this item, such as local

Debtor 1 only Debtor 2 only

you have attached for Part 1. Write that number here---

2. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

Debtor 1 and Debtor 2 only

property identification number: _

At least one of the debtors and another

\$135,700.00

County

Describe the nature of your ownership

interest (such as fee simple, tenancy by the entireties, or a life estat), if known.

Check if this is a community property

(see instructions)

ebtor 1	Dion	James	Bieker Case Nu	mber (if known)	
	First Name	Middle Name	Last Name		
Part 2	Describe Your Vehi	cles			
		l		uda anuushista	
-		-	n any vehicles, whether they are registered or not? Incl also report it on Schedule G: Executory Contracts and U		
3. Car	s, vans, trucks, tractors,	sport utility vehicles, n	notorcycles		
	No.				
	Yes. Describe Make:	Dodge	Who has an interest in the preparty? Chack are		
		Ram 1500	Who has an interest in the property? Check one. Debtor 1 only		d claims or exemptions. Put cured claims on Schedule D:
	Model:		Debtor 2 only	Creditors Who Have C	Claims Secured by Property
	Year:	2009	Debtor 1 and Debtor 2 only	Current value of the	
	Approximate Mileag	ge: <u>139,000</u>	At least one of the debtors and another	entire property?	portion you own?
	Other information:		_	\$5,000	<u>5,000</u> .00
			Check if this is community property (see instructions)		
			mod dollons)		
	Make:	Chevrolet	Who has an interest in the property? Check one.		d claims or exemptions. Put
	Model:	Cruze	Debtor 1 only	•	cured claims on Schedule D: Claims Secured by Property
	Year:	2014	Debtor 2 only	Current value of the	Current value of the
	Approximate Mileag	ge: <u>35,000</u>	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	-	At least one of the debtors and another	\$ 10,000	0.00 \$ 10,000.00
			Check if this is community property (see	·	
			instructions)		
	Make:	Honda	Who has an interest in the property? Check one.	Do not deduct secure	d claims or exemptions. Put
	Model:	Civic	Debtor 1 only	the amount of any sec	cured claims on Schedule D:
	Year:	2012	Debtor 2 only		Claims Secured by Property
		50.000	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate Mileag	ge: <u>50,000</u>	At least one of the debtors and another		-
	Other information:		Check if this is community property (see	\$10,500	3.00 \$ 10,500.00
			instructions)		
04 18/-4		amaa ATVa and athan	waaraatia aa la sahialaa aa		
		•	recreational vehicles, other vehicles, and accessories ng vessels, snowmobiles, motorcycle accessories		
	No.				
- Add t	Yes. Describe	ortion you own for all of	your entries fro Part 2, including any entries for pages		
			e		\$ 25,500.00
Part 3	Describe Your Pers	onal and Household Item	s		
Do you	own or have any legal o	r equitable interest in a	ny of the following items?		Current value of the
					portion you own? Do not deduct secured claims
					or exemptions
	sehold goods and furnis amples: Major appliances, fur	-	nware		
	No.	omia, molici			
	Yes. Describe	Promition Process	in the control of the	^^	1
		rumture, iinens, smaii appl	iances, table & chairs, bedroom set, Refrigerator, Dishwasher	\$9,000	

9,000.00

Debto	or 1 Dior	1	James	Bieker	Case Number (if known)	
	First I	Name	Middle Name	Last Name		
07.		s: Televisions and ra s; electronic devices		ınd digital equipment; computers, pr eras, media players, games	inters, scanners; music	
	103	. Describe	Flat screen TV, laptop co	mputer, printer, music collection, 2 c	cell phone, \$1,00	0 \$1,000.00
08.	Examples		ines; paintings, prints, or otl collections; other collections	ner artwork; books, pictures, or othe s, memorabilia, collectibles	r art objects;	
	Yes	. Describe				\$0.00
09.	Examples and kayal No.	ks; carpentry tools; r	nic, exercise, and other hob	by equipment; bicycles, pool tables,	golf clubs, skis; canoes	
	Yes	. Describe	Household Tools		\$200	\$
10.	Examples No.	: Pistols, rifles, shot	guns, ammunition, and rela	ted equipment		
	Yes	. Describe				\$0.00
11.	No.		furs, leather coats, designe	r wear, shoes, accessories		
	Yes	. Describe	Every Day Clothes		\$500	\$500.00
12.	Jewelry Examples gold, silve		costume jewelry, engageme	ent rings, wedding rings, heirloom je	welry, watches, gems,	
	Yes	. Describe	Wedding Rings, Watches	, Costume Jewelry	\$2,00	o \$ 2,000.00
13.	Non-farm Examples No.	animals :: Dogs, cats, birds,	horses			
	Yes	. Describe	Dog		\$0	\$ 0.00
14.	Any othe	r personal and ho	ousehold items you did	not already list, including any	health aids you did not list	·
	Yes	. Describe	Cructhes		\$70	\$
			=	rt 3, including any entries for	pages you have attached	\$12,770.00
P	art 4:	Describe Your Fir	nancial Assets			
Do	you own	or have any legal	or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions
16.	Examples No.	s: Money you have ir	n your wallet, in your home,	in a safe deposit box, and on hand	when you file your petition	
	Yes	. Describe				\$ <u>0.0</u> 0

ebtor 1	Dion	James	Bieker	Case Number (if known)
	Flord Nicosa	Middle Messes	LastName	

	posits of	=				
			, or other financial accounts; certificates of de If you have multiple accounts with the same in	eposit; shares in credit unions, brokerage houses, nstitution, list each.		
	Yes.	Describe	Account Type: Insti	itution name:		
_			Checking Account	Educators Credit Union	\$	5.00
			Savings Account	Educators Credit Union	\$	5.00
					\$	10.00
			publicly traded stocks tment accounts with brokerage firms, money r	market accounts		
	No.	ona iunas, invest	ment accounts with brokerage innis, money i	market accounts		
▎▕▘	Yes.	Describe	Institution or issuer name:			
_					\$	0.00
19. No		ly traded stock	and interests in incorporated and uni	ncorporated businesses, including an interest in		
	No.	D	Name of Entity and Paraent of Owners	lhin:		
-	Yes.	Describe	Name of Entity and Percent of Owners	nip.	\$	0.00
20. Go	vernmer	nt and corporate	e bonds and other negotiable and non	n-negotiable instruments	*	
	-		e personal checks, cashiers' checks, promiss			
INC	No.	ible instruments a	re those you cannot transfer to someone by s	signing or delivering them.		
▎▕▘	Yes.	Describe	Issuer name:			
_					\$	0.00
		or pension acc				
Ē	No.	nterests in IRA, Ei	RISA, Keogn, 401(k), 403(b), thrift savings ac	counts, or other pension or profit-sharing plans		
	Yes.	Describe	Type of account and Institution name:			
_			401(k) or similar plan	United Healthcare	\$	1,000.00
			401(k) or similar plan	United Healthcare	\$	2,337.00
			401(k) or similar plan	Wells Fargo	\$	7,000.00
					\$	10,337.00
	_	posits and preport of all unused deno	payments posits you have made so that you may continue	e service or use from a company		
			andlords, prepaid rent, public utilities (electric			
	No.					
L	Yes.	Describe	Institution name or individual:		•	0.00
23. Anı	nuities (A contract for a	a periodic payment of money to you, e	either for life or for a number of years)	\$	0.00
	No.		, , , , , , , , , , , , , , , , , , , ,	······		
	Yes.	Describe	Issuer name and description:			
					\$	0.00
			RA, in an account in a qualified ABLE (b), and 529(b)(1).	program, or under a qualified state tuition program.		
	No.	3(-)(-),	(-),			
	Yes.	Describe	Institution name and description. Sepa	rately file the records of any interests.11 U.S.C. § 521(c):		
					\$	0.00
25. Tru	No.	itable or future	interests in property (other than anyt	hing listed in line 1), and rights or powers		
▎▕▘	Yes.	Describe				
-		D00011D0			\$	0.00
			marks, trade secrets, and other intelle	• • •		
Ex	No.	nternet domain na	ames, websites, proceeds from royalties and I	licensing agreements		
▎▕▘	Yes.	Describe				
		D0001100			\$	0.00
			other general intangibles			
Ex	-	Building permits, e	exclusive licenses, cooperative association ho	oldings, liquor licenses, professional licenses		
	No.	Describe				
		שליווושל			\$	0.00

Debto	r 1	Dion		James	Bieker	Case Number (if known)	
		First Name		Middle Name	Last Name		
Mon	iey o	r property	owed to you	?			Current value of the portion you own? Do not deduct secured claims or exemptions
28.	Тах	refunds ov	wed to you				_
		Yes. De	escribe	2015 already Received		\$0	\$ <u>0.00</u>
29.		ily suppor mples: Past No.		ım alimony, spousal suppo	rt, child support, maintenance, div	vorce settlement, property settlement	
	Ш	Yes. De	escribe				\$ 0.00
30.	Exa	mples: Unpa	-	=	disability benefits, sick pay, vacat	tion pay, workers' compensation,	
	Ш	Yes. De	escribe				\$ 0.00
31.			•		ngs account (HSA); credit, homeo	owner's, or renter's insurance	<u>,</u>
		Yes. De	escribe	Term Life Insurance		\$0	\$ 0.00
32.	If yo	ou are the be			eone who has died s from a life insurance policy, or a	re currently entitled to receive	
		Yes. De	escribe				\$ 0.00
33.		mples: Accid		s, whether or not you hent disputes, insurance cl	nave filed a lawsuit or made anims, or rights to sue	a demand for payment	<u> </u>
34.	Othe	•		uidated claims of ever	y nature, including counterc	claims of the debtor and rights	\$ <u>0.0</u> 0
		No. Yes. De	escribe				\$ 0.00
35.	Any	financial a	lassets you di	d not already list			φ <u> </u>
		Yes. De	escribe				\$0.00
				=	rt 4, including any entries fo	or pages you have attached	\$10,347.00
Pa	art 5:	Desc	ribe Any Busi	ness-Related Property Y	ou Own or Have an Interest In	n. List any real estate in Part 1.	
37.	Do y	No.	r have any leg	gal or equitable interes	et in any business-related pr	operty?	
		Yes.					Current value of the portion you own? Do not deduct secured claims or exemptions
38.	Acco	ounts rece No.	ivable or con	nmissions you already	earned		
		Yes. De	escribe				\$ <u>0.0</u> 0

Debtor 1	Dion	James	Bieker	Case Number (if known)	
	First Name	Middle Name	Last Name		
	ffice equipment, furnis Examples: Business-relate No.		printers, copiers, fax machines, rugs	, telephones, desks, chairs, electronic devices	
į	Yes. Describe	-			\$0.00
40. M	no.	uipment, supplies you use i	n business, and tools of your tra	ade	
i	Yes. Describe				\$ 0.00
41. In	ventory No.				<u> </u>
j	Yes. Describe				\$0.00
42. In	terests in partnership				
	No. Yes. Describe	Name of Entity and Perce	ent of Ownership:		
43. C		lists, or other compilations			\$0.00
	No.	,			
	Yes. Describe				\$ <u> </u>
44. A		roperty you did not already	list		
	No. Yes. Describe				
					\$0.00
			5, including any entries for pag	-	\$ 0.00
101	Part 5. Write that hu	iliber liere			, 3333
Part		Farm- and Commercial Fishing have an interest in farmland	g-Related Property You Own or Ha	ve an Interest In.	
46. De			in any farm- or commercial fish	ing-related property?	
	No.				
l	Yes. Describe	-			\$ 0.00
1	arm animals				•
i	Examples: Livestock, poult No.	ry, farm-raised fish			
į	Yes. Describe				\$ 0.00
48. C	rops—either growing	or harvested			
	No. Yes. Describe				l
'	_				\$0.00
49. Fa	No.	ment, implements, machine	ry, fixtures, and tools of trade		
	Yes. Describe				\$ 0.00
50. Fa	arm and fishing suppli	ies, chemicals, and feed			·
į	Yes. Describe				\$ 0.00
51. A	ny farm- and commerc	cial fishing-related property	you did not already list		<u> </u>
	Yes. Describe				
					\$0.00
		=	6, including any entries for pag		
for	Part 6. Write that nu	mber here		>	\$0.00

Bieker Dion James Case Number (if known) _ First Name Middle Name Last Name

Describe All Property You Own or Have an Interest in That You Did Not List Abo	ve	
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Describe 54. Add the dollar value of all of your entries from Part 7. Write that number here	>	\$ <u>0.0</u> 0 \$0.00
Part 8: List the Totals of Each Part of this Form		
55. Part 1: Total real estate, line 2		\$ 135,700.00
56. Part 2: Total vehicles, line 5	\$ 25,500.00	
57. Part 3: Total personal and household items, line 15	\$ 12,770.00	
58. Part 4: Total financial assets, line 36	\$ 10,347.00	
59. Part 5: Total business-related property, line 45	\$ 0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00	
61. Part 7: Total other property not listed, line 54	\$ 0.00	
62. Total personal property. Add lines 56 through 61	\$ 48,617.00	\$ 48,617.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$184,317.00

Debtor 1	Dion	James	Bieker
	First Name	Middle Name	Last Name
Debtor 2	Carmen		Bieker
Spouse, if filing)	First Name	Middle Name	Last Name
Jnited States	Bankruptcy Court for	the : <u>EASTERN</u> District of <u>WI</u>	SCONSIN
			(State)

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

-	ming state and federal nonbankrupt		3 022(b)(0)	
You are clai	ming federal exemptions. 11 U.S.C.	§ 522(b)(2)		
er any proport	y you list on <i>Schedule A/B</i> that yo	u claim as avamnt fill in t	the information below	
n any propert	y you list on ochedule A/D that yo	u ciaiii as exempt, iii iii	the information below.	
•	on of the property and line on hat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
rief escription:	6735 Nichols Ct.	\$ <u>135,700</u>	\$ _23,600	11 USC & 522(d)(1) - \$23,600.00
ne from chedule A/B:	01		100% of fair market value, up to any applicable statutory limit	
rief	2009 Dodge Ram 1500 with over			11 USC & 522(d)(2) - \$3,775.00
escription:	139,000 miles.	\$_5,000	\$	11 USC & 522(d)(5) - \$1,225.00
ne from chedule A/B:	03		100% of fair market value, up to any applicable statutory limit	
rief escription:	2014 Chevrolet Cruze with over 35,000 miles	\$ <u>10,000</u>	\$0	11 USC & 522(d)(2) - \$0.00
ne from chedule A/B:	03		100% of fair market value, up to any applicable statutory limit	
rief escription:	2012 Honda Civic with over 50,000 miles	\$_ 10,500	\$ _ 3,775	11 USC & 522(d)(2) - \$3,775.00
ne from chedule A/B:	03		100% of fair market value, up to any applicable statutory limit	

Debtor 1	Dion	James	Bieker	Case Number (if known)
	First Name	Middle Name	Last Name	

Part 2

•	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Furniture, linens, small appliances, table & chairs, bedroom set, Refrigerator, Dishwasher	\$_9,000	 \$	11 USC & 522(d)(3) - \$9,000.00
Line from Schedule A/B:	06		100% of fair market value, up to any applicable statutory limit	
Brief description:	Flat screen TV, laptop computer, printer, music collection, 2 cell phone,	\$ <u>1,000</u>		11 USC & 522(d)(3) - \$1,000.00
Line from Schedule A/B:	07		100% of fair market value, up to any applicable statutory limit	
Brief description:	Household Tools	\$_200	 \$	11 USC & 522(d)(3) - \$200.00
Line from Schedule A/B:	09		100% of fair market value, up to any applicable statutory limit	
Brief description:	Every Day Clothes	\$ <u>500</u>	 \$	11 USC & 522(d)(3) - \$500.00
Line from Schedule A/B:	<u>11</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	Wedding Rings, Watches, Costume Jewelry	\$ 2,000	 \$	11 USC & 522(d)(4) - \$1,600.00 11 USC & 522(d)(5) - \$400.00
Line from Schedule A/B:	12		100% of fair market value, up to any applicable statutory limit	
Brief description:	Dog	\$ <u>0</u>	 \$	11 USC & 522(d)(3) - \$0.00
Line from Schedule A/B:	<u>13</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	Cructhes	\$ <u>70</u>	 \$	11 USC & 522(d)(3) - \$70.00
Line from Schedule A/B:	14		100% of fair market value, up to any applicable statutory limit	
Brief description:	Checking Account, Educators Credit Union, 5.00	\$ _5	 \$	11 USC & 522(d)(5) - \$5.00
Line from Schedule A/B:	<u>17</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	Savings Account, Educators Credit Union, 5.00	\$ _5	 \$	11 USC & 522(d)(5) - \$5.00
Line from Schedule A/B:	<u>17</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	401(k) or similar plan, United Healthcare, 1,000.00	\$ 1,000	 \$	11 U.S.C. 522(d)(12) - \$1,000.00
Line from Schedule A/B:	21		100% of fair market value, up to any applicable statutory limit	
Official Form 1060	C Reame# 170520307	8-amh scheagec1T	ne Frilædy W5/11a7ih1a6 ExempPage 1	.8 of 46 Page 2 of 3

Debtor 1	Dion	James	Bieker	Case Number (if known)
	First Name	Middle Name	Last Name	

Brief double A/B: 21		on of the property and line on hat lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Line from Schedule A/B: 21				Check only one box for each exemption	
Schedule A/B: 21 any applicable statutory limit Brief 401(k) or similar plan, Welts Fargo, 7,000.00 \$ 7,000.00 \$ 11 U.S.C. 522(d)(12) - \$7,000.00 \$ 10 Own any applicable statutory limit Brief 2015 already Received \$ 0			\$_2,337	 \$	11 U.S.C. 522(d)(12) - \$2,337.00
Line from Schedule A/B: 21		21			
Schedule A/B: 21 any applicable statutory limit Brief 2015 already Received			\$_7,000	 \$	11 U.S.C. 522(d)(12) - \$7,000.00
Line from Schedule A/B: 28		21		_	
Schedule A/B: 28 any applicable statutory limit Brief Term Life Insurance 111 USC & 522(d)(7) - \$0.00 Line from Schedule A/B: 31 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		2015 already Received	\$_0	 \$	11 USC & 522(d)(6) - \$0.00
Line from Schedule A/B: 31 Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		28			
Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		Term Life Insurance	\$ <u>0</u>	 \$	11 USC & 522(d)(7) - \$0.00
(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment .) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No		31			
	☐ No	racquire the property covered by the	e exemption within 1,215 c	days before you filed this case?	
		racquire the property covered by the	e exemption witnin 1,215 c	days before you filed this case?	
		racquire the property covered by the	e exemption within 1,215 c	lays before you filed this case?	
		racquire the property covered by the	e exemption within 1,215 C	lays before you filed this case?	
		racquire the property covered by the	e exemption within 1,215 C	lays before you filed this case?	
		racquire the property covered by the	e exemption within 1,215 C	lays before you filed this case?	
		racquire the property covered by the	e exemption within 1,215 C	days before you filed this case?	
		racquire the property covered by the	e exemption within 1,215 C	lays before you filed this case?	
		acquire the property covered by the	e exemption within 1,215 C	days before you filed this case?	
		acquire the property covered by the	e exemption within 1,215 C	lays before you filed this case?	
		acquire the property covered by the	e exemption within 1,215 C	lays before you filed this case?	
		acquire the property covered by the	e exemption within 1,215 C	lays before you filed this case?	

	Dian	lamos	Piokor			
Debtor 1	Dion First Name	James Middle Name	Bieker Last Name			
Debtor 2	Carmen	Wilder Name	Bieker			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the : <u>EA</u>	STERN District of W	SCONSIN			
			(State)		Check if this	s is an
Case Number (If known)			_		amended fi	
Official E	orm 106D					3
						12/15
			s Secured by Property	annible for cumplying correct		12/13
nformation. If n	nore space is needed, copy	the Additional Page	are filing together, both are equally responding to the fill it out, number the entries, and attach		ny	
	s, write your name and cas	` ,				
	ditors have claims secured					
			your other schedules. You have nothing els	se to report on this form.		
Yes. Fil	Il in all of the information belo	OW.				
Part 1:	List All Secured Claims					
				Column A	Column A	Column C
			ured claim, list the creditor separately im, list the other creditors in Part 2.	Amount of claim	Value of collateral	Unsecured
			cording to the creditors name.	Do not deduct the value of collateral	that supports this claim	portion If any
2.1		Dagarik	as the property that accuracy the claims	\$ 13,543.00	\$ 10,500.00	\$ 3,043.00
	ner Portfolio Services		the property that secures the claim:	<u> </u>	<u> </u>	\$ _0,0.0.00
PO Box			onda Civic with over 50,000 miles			
Number	Street					
		As of th	ne date you file, the claim is: Check all that ap	ply.		
Irvine	CA 92	2619	tingent			
City	State Zi		quidated			
Who owes	the debt? Check one.		of Lien. Check all that apply.			
Debtor		_	greement you made (such as mortgage or secure	ed		
Debtor	2 only	carl	oan)			
=	1 and Debtor 2 only	=	utory lien (such as tax lien, mechanic's lien)			
At least	one of the debtors and another	=	gment lien from a lawsuit er (including a right to offset)			
	if this claim relates to a	Пошк	indicating a right to chocky			
	unity debt was incurred 2016	Last 4 o	digits of account number			
2.0	he Bank National Trust C/O	Danawih	be the property that secures the claim:	<u> </u>	\$ 135,700.00	\$ 0.00
Creditor's		Ocwen dei	ichols Ct. Mount Pleasant WI 53406 - Prima	arv	-	
	ercantile Dr N	Reside		an y		
4708 M						
4708 Mo	Street					
	Street		ne date you file, the claim is: Check all that ap	ply.		
		Con	tingent	ply.		
Number		☐Con:	tingent	ply.		
Fort Wo	orth TX 76	G137 Con Unlic	tingent	ply.		
Fort Wo	orth TX 76 State Zi s the debt? Check one.	S137 Con Disp	tingent quidated uuted			
Fort Wo	orth TX 76 State Zi s the debt? Check one. 1 only 2 only	G137 Con ip Code Disp Nature An a car l	tingent quidated quidated outed of Lien. Check all that apply. In the secure of the s			
Fort Wo City Who owes Debtor Debtor	orth TX 76 State Zi is the debt? Check one. 1 only 2 only 1 and Debtor 2 only	Disp Nature An a car I	tingent quidated puted of Lien. Check all that apply. greement you made (such as mortgage or secure oan) utory lien (such as tax lien, mechanic's lien)			
Fort Wo City Who owes Debtor Debtor	orth TX 76 State Zi s the debt? Check one. 1 only 2 only	Disp Nature An a car I	tingent quidated puted of Lien. Check all that apply. Igreement you made (such as mortgage or secure oan) utory lien (such as tax lien, mechanic's lien) gment lien from a lawsuit	ed		
Fort Wo City Who owes Debtor Debtor At least	s the debt? Check one. 1 only 2 only 1 and Debtor 2 only one of the debtors and another if this claim relates to a	Disp Nature An a car I	tingent quidated puted of Lien. Check all that apply. greement you made (such as mortgage or secure oan) utory lien (such as tax lien, mechanic's lien)	ed		
Fort Wo City Who owes Debtor Debtor At least Check common	s the debt? Check one. 1 only 2 only 1 and Debtor 2 only one of the debtors and another	G137 Unling Disp Nature An a car I Statt Judg Othe	tingent quidated puted of Lien. Check all that apply. Igreement you made (such as mortgage or secure oan) utory lien (such as tax lien, mechanic's lien) gment lien from a lawsuit	ed		

Official Form 106D Record # 705402 Schedule D: Creditors Who Have Claims Secured by Property

Page 1 of 2

 Debtor 1
 Dion
 James
 Bieker
 Case Number (if known)

 First Name
 Middle Name
 Last Name

Par	Additional Page After Isiting any entries on this pa by 2.4, and so forth.	ge, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral	Column A Value of collateral that supports this claim	Column C Unsecured portion If any
2.3	GM Financial	Describe the property that secures the claim:	\$ 16,277.00	\$ _10,000.00	\$ <u>6,277.00</u>
	Creditor's Name Po Box 181145 Number Street	2014 Chevrolet Cruze with over 35,000 miles			
	Arlington TX 76096 City State Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
V [] []	Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	Nature of Lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
	community debt Date Debt was incurred2014-08-02	Last 4 digits of account number2329			
2.4	Racine County Treasurer Creditor's Name 730 Wisconsin Ave. Number Street	Describe the property that secures the claim: 6735 Nichols Ct. Mount Pleasant WI 53406 - Primary Residence	\$ <u>3,779.00</u>	\$ <u>135,700.00</u>	\$ <u>0.00</u>
	Racine WI 53403 City State Zip Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
V [[[]	Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Nature of Lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
	Check if this claim relates to a community debt Date Debt was incurred 2015	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>164,064.00</u>

Fill in this in	formation to identi	fy your case:					
Debtor 1	Dion	James	Bieker				
Debtor i	First Name	Middle Name	Last Name				
Debtor 2	Carmen		Bieker				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court for t	the : <u>EASTERN</u> Distr	rict of WISCONSIN				
			(State)			□ Check i	f this is an
Case Number (If known)	·					amende	
Official E	orm 106E/E	=					
Official F	orm 106E/F	_					
<u>Schedule</u>	E/F: Credite	ors Who Have	Unsecured Claims				12/1
Part 1:	tional pages, write	your name and case in RITY Unsecured Claim	s				
No. Go	to Part 2.						
Yes.							
each claim nonpriority unsecured	listed, identify what amounts. As much claims, fill out the C	type of claim it is. If a as possible, list the classion tinuation Page of Pag	or has more than one priority unse claim has both priority and nonprio nims in alphabetical order according art 1. If more than one creditor hold tructions for this form in the instruc	rity amounts, list that claim h g to the creditor's name. If yo ls a particular claim, list the o	nere and show both price ou have more than two	ority and oriority	
					Total claim	Priority amount	Nonpriority amount
2.1 France	s Palacios		Last 4 digits of account number _		\$_0.00	\$ 0.00	\$ 0.00
Creditor's 4732 In	_{Name} dian Hills Dr #1		When was the debt incurred?	2013			
Number	Street						
			As of the date you file, the claim is	: Check all that apply.			
Mount F	Pleasant	WI 53406	Contingent				
City		State Zip Code	Unliquidated Disputed				
Who owes	the debt? Check one	Э.	☐ pisputed				
Debtor	•		Type of PRIORITY unsecured clair	n:			
=	1 and Debtor 2 only		Domestic support obligations	•••			
At least	one of the debtors and	d another	Taxes and certain other debts you	owe the government			

Claims for death or personal injury while you were

Other. Specify Child Support

intoxicated

At least one of the debtors and another

Check if this claim relates to a community debt

Is the claim subject to offest?

No Yes

Debtor 1	Dion	James	Bieker	Case N	lumber (if known)		_
	First Name	Middle Name	Last Name				
Pari	Your PRIORITY Unsecu	ıred Claims - Continu	ation Page				
After lis	sting any entries on this pag	e, number them beg	inning with 2.3, followed by 2.4, ar	nd so forth.	Total claim	Priority amount	Nonpriority amount
2.2	IRS Priority Debt Creditor's Name		Last 4 digits of account number _		\$ _1,800.00	\$ <u>1,800.00</u>	\$ <u>0.00</u>
	PO Box 7346 Number Street		When was the debt incurred?	2012			
	Philadelphia	PA 19101 State Zip Code	As of the date you file, the claim is: Contingent Unliquidated Disputed	: Check all that apply.			
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to community debt		Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts you of Claims for death or personal injury	owe the government			
ls	s the claim subject to offest? No Yes		intoxicated Other. Specify	,			
2.3	Racine County Child Support Creditor's Name 1717 Taylor Ave. 2 North Number Street	t	Last 4 digits of account number When was the debt incurred?	2015	\$ <u>7,000.00</u>	\$_7,000.00	\$ 0.00
\ 	City //ho owes the debt? Check one. Debtor 1 only	WI 53403 State Zip Code	As of the date you file, the claim is: Contingent Unliquidated Disputed				
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to		Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts you of				
Is	community debt the claim subject to offest? No Yes	-	Claims for death or personal injury intoxicated Other. Specify	while you were			
2.4	Wisconsin Dept. of Revenue Creditor's Name PO Box 8901		Last 4 digits of account number When was the debt incurred?		\$ <u>0.00</u>	\$_0.00	\$_0.00
		WI 53708-8901 State Zip Code	As of the date you file, the claim is: Contingent Unliquidated Disputed	Check all that apply.			
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to		Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts you	owe the government			
	community debt s the claim subject to offest? No Yes		Claims for death or personal injury intoxicated Other. Specify Income Taxes	wrille you were			

Debto	r 1	Dion James	Bieker	Case Number (if known)	_
		First Name Middle Name List All of Your NONPRIORITY Unsecured C	Last Name		
P	art 2	LIST All Of Your NONPRIORITY Unsecured C	iaims		
3.	Do a	any creditors have nonpriority unsecured claims	s against you?		
		No. You have nothing to report in this part. Subn	nit this form to the court with your oth	ner schedules.	
	•	Yes.			
4.	List	all of your nonpriority unsecured claims in the	alphabetical order of the creditor w	who holds each claim. If a creditor has more than one	
	non	priority unsecured claim, list the creditor separate	ly for each claim. For each claim liste	ed, identify what type of claim it is. Do not list claims already	
			particular claim, list the other creditors	s in Part 3.If you have more than three nonpriority unsecured	
	clair	ns fill out the Continuation Page of Part 2.			Total claim
4.1	٦,	Alliance Collection AG	Last 4 digits of account number	8496	\$ 143.00
	_	Creditor's Name			
	3	3916 S Business Park Ave	When was the debt incurred?	2015-2015	
	-	Number Street			
	_		As of the date you file, the claim is:	Check all that apply.	
	,	Marshfield WI 54449	Contingent		
	_	City State Zip Code	Unliquidated		
		no owes the debt? Check one.	Disputed		
		Debtor 1 only			
	=	Debtor 2 only	Type of NONPRIORITY unsecured cl	laim:	
	H	Debtor 1 and Debtor 2 only	Student loans	a care amont or diverse	
	늗	At least one of the debtors and another	Obligations arising out of a separation that you did not report as priority claim		
	L	Check if this claim relates to a community debt	Debts to pension or profit-sharing pla		
	ls t	the claim subject to offest?			
	F	No	Other. Specify Medical Debt		
4.0	+	Yes Americollect INC	Last 4 digits of account number	9173	\$ 2,843.00
4.2	┙-	Creditor's Name	Last 4 digits of account number		Ψ_2,σ:σ:σ
		Po Box 1566	When was the debt incurred?	2013-2013	
	1	Number Street			
			As of the date you file, the claim is:	Check all that apply.	
		Marilana Mila 54004	Contingent		
	_	Manitowoc WI 54221 City State Zip Code	Unliquidated		
		City State Zip Code no owes the debt? Check one.	Disputed		
		Debtor 1 only			
		Debtor 2 only	Type of NONPRIORITY unsecured cl	aim:	
	=	Debtor 1 and Debtor 2 only	Student loans		
	=	At least one of the debtors and another	Obligations arising out of a separation		
	L	Check if this claim relates to a community debt	that you did not report as priority clai Debts to pension or profit-sharing pla		
	ls t	the claim subject to offest?	Debte to perision of profit-sharing pie	and only similar debts	
		No	Other. Specify Medical Debt		
	_	Yes		NII II I	• 279 AA
4.3	┙-	Capital ONE BANK USA N Creditor's Name	Last 4 digits of account number	NULL	\$ <u>278.00</u>
		15000 Capital One Dr	When was the debt incurred?	2016-2016	
	Ī	Number Street			
			As of the date you file, the claim is:	Check all that apply.	
	-		Contingent	,	
	-	Richmond VA 23238	Unliquidated		
		City State Zip Code no owes the debt? Check one.	Disputed		
		Debtor 1 only			
		Debtor 2 only	Type of NONPRIORITY unsecured cl	laim:	
		Debtor 1 and Debtor 2 only	Student loans		
		At least one of the debtors and another	Obligations arising out of a separation		
		Check if this claim relates to a	that you did not report as priority clai		
	je f	community debt the claim subject to offest?	Debts to pension or profit-sharing pla	ans, and other similar debts	
	.5	No	Other. Specify Credit Card or C	redit Use	
	f	Ves	Other. Opening		

Debtor 1	Dion	James	Bieker	Case Number (if known)	
	First Name	Middle Name	Last Name		
Boot	2- Varia NONDRIORITY II mad	aured Claims Co	antinuation Bana		
Part	Your NONPRIORITY Unse	cured Claims - Co	ontinuation Page		
After lis	ting any entries on this page,	number them be	eginning with 4.4, followed by 4.5, a	nd so forth.	Total Claim
4.4	Collection Associates, LTD		Last 4 digits of account number _		<u>\$ 971.00</u>
	Creditor's Name				
	PO Box 465		When was the debt incurred?	2015	
	Number Street				
			As of the date you file the claim is	Chook all that apply	
			As of the date you file, the claim is	спеск ан шасарру.	
	Milwaukee WI	53225	Contingent		
		ite Zip Code	Unliquidated		
w	ho owes the debt? Check one.	Z.p 0000	Disputed		
ΙГ	Debtor 1 only				
1 7	Debtor 2 only		Type of NONPRIORITY unsecured	claim:	
1 7	Debtor 1 and Debtor 2 only		Student loans		
F	At least one of the debtors and and	athar	Obligations arising out of a separat	tion agreement or divorce	
-	=	otriei	_ ,	•	
	Check if this claim relates to a community debt		that you did not report as priority cl		
le	the claim subject to offest?		Debts to pension or profit-sharing p	plans, and other similar debts	
	No		- Dalet Owned		
	5		Other. Specify Debt Owed		
1.5	Yes Consumer Capital Advocates		Look & divite of coordinates		\$ 200.00
4.5			Last 4 digits of account number _		\$ <u>200.00</u>
	Creditor's Name 3317 NW 10th Ter STE 409		When was the debt incurred?	2015	
			When was the dest meaned:		
	Number Street				
			As of the date you file, the claim is	: Check all that apply.	
			Contingent		
	Fort Lauderdale FL		Unliquidated		
	City Sta Tho owes the debt? Check one.	ite Zip Code	Disputed		
"	٦		<u></u>		
⊨	Debtor 1 only				
	Debtor 2 only		Type of NONPRIORITY unsecured	claim:	
<u> </u>	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and and	other	Obligations arising out of a separat	tion agreement or divorce	
	Check if this claim relates to a		that you did not report as priority cl	laims	
-	community debt		Debts to pension or profit-sharing p	plans, and other similar debts	
Is	the claim subject to offest?				
	No		Other. Specify		
	Yes				
4.6	Falls Collection SVC		Last 4 digits of account number _	600A	\$ <u>312.00</u>
	Creditor's Name			0044 0044	
	Po Box 668		When was the debt incurred?	2011-2011	
	Number Street				
			As of the date you file, the claim is	: Check all that apply	
			Contingent	or orion an anat apply.	
	Germantown WI	53022	= '		
	City Sta	ite Zip Code	Unliquidated		
W	ho owes the debt? Check one.		Disputed		
[Debtor 1 only				
	Debtor 2 only		Type of NONPRIORITY unsecured	claim:	
ı	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and and	other	Obligations arising out of a separat	tion agreement or divorce	
-	=		that you did not report as priority cl		
L	Check if this claim relates to a community debt		Debts to pension or profit-sharing p		
le	the claim subject to offest?		The president of brother straining b	אומויס, מוזע טעופו אוויוומו עבטנא	
	No		Other Specify Medical Debt		
ı	Yes		Other. Specify Medical Debt		

First Name	e Middle Name	Last Name		
rt 2: You	ur NONPRIORITY Unsecured Claims -	Continuation Page		
	ar North Month For Secured Claims			
isting any o	entries on this page, number them	beginning with 4.4, followed by 4.5, ar	nd so forth.	Total Clair
FED LOA	AN SERV	Last 4 digits of account number	0006	\$ <u>49,771.0</u>
Creditor's Na	ame			
Po Box 60	0610	When was the debt incurred?	2015-2016	
Number	Street			
		As of the data you file the claim is	Charle all that apply	
		As of the date you file, the claim is:	: Check all that apply.	
Harrisbur	rg PA 17106	Contingent		
		Unliquidated		
City Nho owes tl	State Zip Code he debt? Check one.	Disputed		
_		_		
Debtor 1 o	•			
Debtor 2	only	Type of NONPRIORITY unsecured	claim:	
Debtor 1 a	and Debtor 2 only	Student loans		
At least o	ne of the debtors and another	Obligations arising out of a separat	ion agreement or divorce	
Check if	this claim relates to a	that you did not report as priority cla	aims	
commun		Debts to pension or profit-sharing p	olans, and other similar debts	
s the claim	subject to offest?			
No		Other. Specify		
Yes		Other. Specify		
	llection Servi	Last 4 digits of account number	7877	\$ 1,027.00
Creditor's Na				*
	toughton Rd	When was the debt incurred?	2015-2016	
		Trion was the dest mounted.		
Number	Street			
		As of the date you file, the claim is	: Check all that apply.	
		Contingent		
Madison	WI 53716	Unliquidated		
City	State Zip Code			
Who owes the	he debt? Check one.	Disputed		
Debtor 1 o	only			
Debtor 2	only	Type of NONPRIORITY unsecured	claim:	
Debtor 1	and Debtor 2 only	Student loans		
=	one of the debtors and another	Obligations arising out of a separat	ion agreement or divorce	
=				
_	this claim relates to a	that you did not report as priority cla		
commun	subject to offest?	Debts to pension or profit-sharing p	plans, and other similar debts	
	subject to onest?			
No		Other. Specify Medical Debt		
Yes	FL 1: BOW		0000	
Wisconsii	n Electric POW	Last 4 digits of account number _	6286	\$ <u>1,944.00</u>
Creditor's Na			2040 2045	
231 W Mi	ichigan St # A130	When was the debt incurred?	2010-2015	
Number	Street			
		As of the data you file the claim is	Check all that apply	
		As of the date you file, the claim is:	. Спеск ан так арргу.	
Milwauke	ee WI 53203	Contingent		
		Unliquidated		
City Who owes tl	State Zip Code he debt? Check one.	Disputed		
Debtor 1		_		
	•			
Debtor 2 o	•	Type of NONPRIORITY unsecured	claim:	
Debtor 1	and Debtor 2 only	Student loans		
At least o	ne of the debtors and another	Obligations arising out of a separat	ion agreement or divorce	
Check if	this claim relates to a	that you did not report as priority cla	aims	
commun		Debts to pension or profit-sharing p		
	subject to offest?			
No		Other. Specify Unknown Cred	it Extension	
Yes		Other. Specify Officiown Oreco		
111	st Others to Be Notified for a Debt Th	at You Already Listed		
rt 3:				
rt 3:				

Debtor 1 Dion James Bieker Case Number (if known)

First Name

Middle Name

Last Name

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$0.00
from Part 1	6b. Taxes and Certain other debts you owe the government	6b.	\$1,800.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$000.00
	6e. Total. Add lines 6a through 6d.	6e.	\$8,800.00
			Total claim
Total claims	6f. Student loans	6f.	Total claim \$
Total claims from Part 2	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	40.774.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		\$49,771.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other	6g.	\$\$
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. 	6g. 6h.	\$\$0.00 \$0.00

Fill in this in	nformation to identi	fy your case:		
Debtor 1	Dion	James	Bieker	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	Carmen	Middle Name	Bieker Last Name	
United States	s Bankruptcy Court for t	the : <u>EASTERN</u> District of <u>V</u>	VISCONSIN_ (State)	Check if this is an
Case Number (If known)	er		_	amended filing
official F	orm 106G			
		ory Contracts and	Unexpired Leases	
formation. If Iditional page 1. Do you ha No. C	more space is need es, write your name we any executory co heck this box and su	led, copy the additional page and case number (if known) ontracts or unexpired leases abmit this form to the court with	e, fill it out, number the entries,). ? h your other schedules. You hav	qually responsible for supplying correct and attach it to this page. On the top of any e nothing else to report on this form.
Yes. F	ill in all of the informa	ation below even if the contract	cts or leases are listed in Scheo	ule A/B: Property (Official Form 106A/B)
-		· · ·		state what each contract or lease is for (for booklet for more examples of executory contracts and
unexpired		·		
Person o	r company with who	om you have the contract or	lease	State what the contract or lease is for
.1				
Name				
Number	Street			
City		State Zip	Code	
.2				
Name				
Number	Street			
Oit.		State Zip	- O-d-	
City		State Zip	Code	
.3				
Name				
Number	Street			
City		State Zip		
- 9				
.4				
Name				
Number	Street			
City		State Zip	Code	
2.5				
Name				
Number	Street			

State Zip Code

City

Fill in this in	formation to iden	ntify your case:	
Debtor 1	Dion	James	Bieker
	First Name	Middle Name	Last Name
Debtor 2	Carmen		Bieker
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Pankruntov Court fo	or the : <u>EASTERN</u> District of <u>W</u>	ISCONISINI
Officed States	Bankruptcy Court to	of theEASTERNDistrict of _W	(State)
Case Number	r		_
(If known)			

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. D	o you have any codebtors?	(If you are filing a joint case, do not list eit	ner spouse as a codebt	dor.)
	No.			
	Yes			
		you lived in a community property state siiana, Nevada, New Mexico, Puerto Rico		
[No. Go to line 3.			
	Yes. Did vour spouse, form	mer spouse, or legal equivalent live with yo	ou at the time?	
-	No			
	Yes. Inwhich commu	nity state or territory did you live?	<u>WI</u> . Fill in t	he name and current address of that person.
	Carmen	Bieker		
	Name of your spouse, former 6735 Nichols Ct.	spouse or legal equivalent		
	Number Street Mount Pleasant	WI	53406	
	City	State	Zip Code	
3. Ir	•	odebtors. Do not include your spouse as	•	puse is filing with you. List the person
s	hown in line 2 again as a co	debtor only if that person is a guarantor	or cosigner. Make sur	e you have listed the creditor on
		6D), Schedule E/F (Official Form 106E/F),	or Schedule G (Officia	al Form 106G). Use Schedule D,
5	chedule E/F, or Schedule G	to fill out Column 2.		
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				Schedule D, line
	Name			Schedule E/F, line
	Number Street			Schedule G, line
	City	State	Zip Code	
3.2				Schedule D, line
	Name			Schedule E/F, line
	Number Street			Schedule G, line
	City	State	Zip Code	
3.3				Schedule D, line
	Name			Schedule E/F, line
	Number Street			Schedule G, line
	City	State	Zip Code	

Debtor 1	Dion	James	Bieker
	First Name	Middle Name	Last Name
Debtor 2	Carmen		Bieker
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Case Numbe	. ,	he : <u>EASTERN DISTRICT OF</u>	WISCONSIN

ck if this is: An amended filing A supplement showing post-petition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Describe Employment				
1.	Fill in your employment information		Debtor 1		Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	X Employed Not employed	1	X Employed Not employed
	Include part-time, seasonal, or self-employed work.	Occupation	Laborer		Specialist
	Occupation may Include student or homemaker, if it applies.	Employers name	Milwaukee Machi	ne Works	United Hospital System
		Employers address	414 S. 116th St.		6308 8th Ave.
			Milwaukee, WI 53	214	Kenosha, WI 53143
		How long employed there?	12 years		10 Years
Pa	rt 2: Give Details About Monthly	y Income			
	Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse have lines below. If you need more space	ve more than one employer, comb	ine the information for a	•	,
				For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary deductions). If not paid monthly, c	y and commissions (before all parallel	-	\$3,120.00	\$3,689.96
3.	Estimate and list monthly overting	me pay.		\$0.00	\$0.00
4.	Calculate gross income. Add line	e 2 + line 3.		\$3,120.00	\$3,689.96

Debtor 1 Dion James Bieker Case Number (if known)

Last Name

				For Debtor 1		or Debtor 2 or on-filing spouse		
	Copy	y line 4 here	4.	\$3,120.00		\$3,689.96		
5. L		payroll deductions:						
	5a. T	ax, Medicare, and Social Security deductions	5a. —	\$401.27	_	\$808.12		
	5b. N	Mandatory contributions for retirement plans	5b	\$0.00		\$0.00		
	5c. V	oluntary contributions for retirement plans	5c.	\$0.00		\$368.98		
	5d. F	Required repayments of retirement fund loans	5d.	\$97.37		\$0.00		
	5e. I	nsurance	5e.	\$499.98		\$0.00		
	5f. C	Domestic support obligations	5f.	\$534.00		\$0.00		
	5g. L	Jnion dues	5g.	\$0.00		\$0.00		
	5h. C	Other deductions. Specify:	5h.	\$167.70		\$0.00		
6. A	dd the	payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$1,700.31		\$1,177.11		
7. C	alcula	te total monthly take-home pay. Subtract line 6 from line 4.	7.	\$1,419.69	Г	\$2,512.86		
8. Li	st all	other income regularly received:	_			·		
	8a.	Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$0.00		\$0.00		
	8b.	Interest and dividends	8b.	\$0.00		\$0.00		
	8c.	Family support payments that you, a non-filing spouse, or a	8c.	\$ 0.00		\$ 0.00		
		dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.						
	8d.	Unemployment compensation	8d.	\$0.00		\$0.00		
	8e.	Social Security	8e.	\$0.00		\$0.00		
	8f.	Other government assistance that you regularly receive	8f.	\$0.00		\$0.00		
		Include cash assistance and the value (if known) of any non-cash						
		assistance that you receive, such as food stamps (benefits under the						
		Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:						
	8g.	Pension or retirement income	8g.	\$0.00		\$0.00		
	8h.	Other monthly income. Specify:	8h.	\$0.00		\$0.00		
9.	Add	all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00		\$0.00		
10.	Calc	ulate monthly income. Add line 7 + line 9.	10.	\$1,419.69 +		\$2,512.86	г	\$2.022.EE
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		\$1,419.09	L	\$2,512.00	L	\$3,932.55
11.	Inclu	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not seen that the s	our dependent			dule J.		
	Spec			—————	ounc		1	\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Ce		•	applie	es	12.	\$3,932.55
13.	_	ou expect an increase or decrease within the year after you file this form	1?					
	느	Yes. Explain: H schedule I based on his new weekly shift going	forward as	shown on 4/28/16 pa	ystu	b.		
				·				

First Name

Middle Name

Fill in this i	nformation to identify yo	ur case:				
Debtor 1	Dion	James	Bieker	Check if this is:		
	First Name	Middle Name	Last Name	An ameno	· ·	
Debtor 2 (Spouse, if filing)	Carmen First Name	Middle Name	Bieker Last Name		nent showing pos of the following o	t-petition chapter 13
United States	s Bankruptcy Court for the : _	EASTERN DISTRICT OF	WISCONSIN			auto.
Case Numbe	er –			MM / DD /	YYYY	
(If known)				A	a filina fan Dabtan	2 hannung Dahtan 2
Official F	orm 106J				a separate house	2 because Debtor 2 ehold.
Schedu	le J: Your Ex _l	penses				12/14
	· ·			are equally responsible for supply ages, write your name and case nu	-	
Part 1:	Describe Your Household					
=	Go to line 2. Does Debtor 2 live in a s X No.	eparate household? t file a separate Schedul	e J.			
2. Do you	have dependents?	No No		Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not li Debtor 2	ist Debtor 1 and		this information for lent	200001 01 200001 2		No
		each depend		Son	6	X Yes
names.	state the dependents'					No
				Son	9	X Yes
						x _{No}
						Yes
						x No
					_	Yes
						x No
						Yes
expense	expenses include es of people other than f and your dependents?	X No Yes				
Part 2:	Estimate Your Ongoing Mo	onthly Expenses				
expenses as of the applicable Include exper	of a date after the bankrue date. ses paid for with non-ca	ptcy is filed. If this is a			rm and fill in	Your expenses
	· · · · · · · · · · · · · · · · · · ·	xpenses for your reside	ence. Include first mortgag	e payments and		#0.40.00
	t for the ground or lot.				4.	\$842.00
	eal estate taxes				4 a.	\$0.00
4b. Pr	roperty, homeowner's, or	renter's insurance			4b.	\$0.00
4c. H	ome maintenance, repair,	and upkeep expenses			4c.	\$25.00
4d. H	omeowner's association of	r condominium dues			4d.	\$0.00

Debtor 1 Dion James Bieker Case Number (if known)

btor 1		Case Number (if known)	
	First Name Last Name		Your expenses
			<u> </u>
i. 1	Additional Mortgage payments for your residence, such as home equity loans	5.	\$0.
	Jtilities: 5a. Electricity, heat, natural gas	6a.	\$300
	6b. Water, sewer, garbage collection	6b.	\$0
	Sc. Telephone, cell phone, internet, satellite, and cable service	6c.	\$274
	6d. Other. Specify:	6d.	\$ 0
	Food and housekeeping supplies	7.	\$650
	Childcare and children's education costs	8.	\$0
	Clothing, laundry, and dry cleaning	9.	\$102
	Personal care products and services	10.	\$20
	Medical and dental expenses	11.	\$85
	Fransportation. Include gas, maintenance, bus or train fare.	12.	\$291
	Do not include car payments.		·
3. I	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100
1. (Charitable contributions and religious donations	14.	\$0
5. I	nsurance.		
I	Oo not include insurance deducted from your pay or included in lines 4 or 20.		
	5a. Life insurance	15a.	\$0
	5b. Health insurance	15b.	\$0
	15c. Vehicle insurance	15c.	\$110
	5d. Other insurance. Specify:	15d.	\$0
3. -	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
,	Specify:	16.	\$0
7. I	nstallment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$0
	7b. Car payments for Vehicle 2	17b.	\$0
	7c. Other. Specify:	17c.	\$0
	7d. Other. Specify:	17d.	\$0
3. '	Our payments of alimony, maintenance, and support that you did not report as deducted		
1	rom your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0
9. (Other payments you make to support others who do not live with you.		
,	Specify:	19.	\$0
). (Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc	ome.	
2	20a. Mortgages on other property	20a.	\$ 0
2	20b. Real estate taxes	20b.	\$ 0
2	20c. Property, homeowner's, or renter's insurance	20c.	\$ 0
2	20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0
:	20e. Homeowner's association or condominium dues	20e.	\$ 0

Debtor	Dion	James	Bieker	Case Number (if known)		
	First Name	Middle Name	Last Name			
21.	Other. Speci	fy:Pet Care (\$20.00), Postage/Bank Fees	\$8.00),		21.	\$28.00
22	Your monthly	expense: Add lines 4 through 21.			22.	\$2,827.00
	The result is	our monthly expenses.			_	
23.	Calculate you	ur monthly net income.				
	23a. Co	opy line 12 (your comibined monthly inco	me) from Schedule I.		23a.	\$3,932.55
	23b. Co	ppy your monthly expenses from line 22 a	above.		23b. –	\$2,827.00
	23c. St	ubtract your monthly expenses from your	monthly income.		23c.	\$1,105.55
	Th	ne result is your monthly net income.			_	
24.	Do you expe	ct an increase or decrease in your expe	nses within the year after	you file this form?		
	For example,	do you expect to finish paying for your ca	ar loan within the year or do	you expect your		
	mortgage pay	ment to increase or decrease because o	f a modification to the terms	of your mortgage?		
	X No					
	Yes.	Explain Here:				

Fill in this in	formation to ider	ntify your case:	
Debtor 1	Dion	James	Bieker
	First Name	Middle Name	Last Name
Debtor 2	Carmen		Bieker
(Spouse, if filing)	First Name	Middle Name	Last Name
		or the : <u>EASTERN</u> District of <u>Wi</u>	(State)
Case Number (If known)			_

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. **S/ Dion James Bieker	Sign Below	
■ No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. *** /s/ Dion James Bieker	Did you nay or agree to nay someone who is N	OT an attorney to help you fill out hankruntcy forms?
Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. **X Isl Dion James Bieker Signature of Debtor 1 Signature of Debtor 2 Date 05/02/2016 Date 05/02/2016	_	or all attenties to help you hill out bankruptes forms.
x /s/ Dion James Bieker Signature of Debtor 1 Date 05/02/2016 x /s/ Carmen Bieker Signature of Debtor 2 Date 05/02/2016	_	
x /s/ Dion James Bieker Signature of Debtor 1 Date 05/02/2016 x /s/ Carmen Bieker Signature of Debtor 2 Date 05/02/2016		
x /s/ Dion James Bieker Signature of Debtor 1 Date 05/02/2016 x /s/ Carmen Bieker Signature of Debtor 2 Date 05/02/2016		
x /s/ Dion James Bieker Signature of Debtor 1 Date 05/02/2016 x /s/ Carmen Bieker Signature of Debtor 2 Date 05/02/2016		
Signature of Debtor 1 Signature of Debtor 2 Date _05/02/2016 Date _05/02/2016		ad the summary and schedules filed with this declaration and that they are true and
Signature of Debtor 1 Signature of Debtor 2 Date _05/02/2016 Date _05/02/2016		
Date 05/02/2016 Date 05/02/2016	* ·	
	Signature of Debtor 1	Signature of Debitor 2
MM / DD / YYYY MM / DD / YYYY		
	MM / DD / YYYY	MM / DD / YYYY

Fill in this in	formation to ident	ify your case:	
Debtor 1	Dion	James	Bieker
	First Name	Middle Name	Last Name
Debtor 2	Carmen		Bieker
(Spouse, if filing)	First Name	Middle Name	Last Name
		the : <u>EASTERN</u> District of <u>W</u>	ISCONSIN_ (State)
Case Number (If known)			_

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status a	and Where You Lived Before		
What is your current marital status?			
Married			
Not married			
During the last 3 years, have you lived anywhe	ere other than where you live no	w?	
No.			
Yes. List all of the places you lived in the last	3 years. Do not include where y	ou live now.	
Debtor 1	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
property states and territories include Arizona and Wisconsin.) No.		community property state or territory? (Community evada, New Mexico, Puerto Rico, Texas, Washington,	
Yes. Make sure you fill out Schedule H: You	Codebtors (Official Form 106H).		
	Codebtors (Official Form 106H).		
	Codebtors (Official Form 106H).		
	Codebtors (Official Form 106H).		
	Codebtors (Official Form 106H).		
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	Codebtors (Official Form 106H).		
	Codebtors (Official Form 106H).		
	Codebtors (Official Form 106H).		
	Codebtors (Official Form 106H).		

1 <u>Dion</u>	James	Bieker	Cas	se Number (if known)		
First Name	Middle Name	Last Name				
Fill in the total amount	of income you received	from all jobs and all business	ness during this year or the two previous calendar years? nesses, including part-time activities. her, list it only once under Debtor 1.			
No.						
Yes. Fill in the detai	ls					
		Debtor 1		Debtor 2		
		Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions at exclusions)	
From January 1 of	current year until	Wages, commissions, bonuses, tips	\$7,633	Wages, commissions, bonuses, tips	\$16,223	
the date you filed f	for bankruptcy:	Operating a business		Operating a business		
For last calendar y	rear:	Wages, commissions,	\$31,198	Wages, commissions,	\$35,502	
(January 1 to Dece	ember 31, 2015)	bonuses, tips Operating a business		bonuses, tips Operating a business		
For the calendar y	ear before that:	Wages, commissions,	\$31,000 EST	Wages, commissions,	\$32,000 EST	
(January 1 to Dece	ember 31, 2014)	bonuses, tips Operating a business		bonuses, tips Operating a business		
No.		ion source separately. Do no	t include income that you listed	4. IT III 0 4.		
Yes. Fill in the detai	IS	Dahtar 4		Debtor 2		
		Debtor 1 Sources of income Describe below.	Gross income (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions are exclusions)	
From January 1 of the date you filed t	-	Short term Disability	\$5,097	Disability	\$0	
For last calendar y	rear:	Disability	_ \$0	401(k)Withdrawal	\$4,370	
(January 1 to Dece	ember 31, 2015)					
List Certain Pa	ayments You Made Befor	e You Filed for Bankruptcy				

Debto	r1 <u>Dion</u>		James	Bieker		Case Number (if known) _	
	First Nar	ne	Middle Name	Last Name			
06	Are either	Debtor 1's or E	Debtor 2's debts primarily co	nsumer debts?			
	No. Ne	ither Debtor 1	nor Debtor 2 has primarily co	onsumer debts. Co	nsumer debts are defined	I in 11 U.S.C. § 101(8) a	as
	"in	curred by an in	dividual primarily for a person	al, family, or househ	nold purpose."		
	Dι	uring the 90 day	s before you filed for bankrup	tcy, did you pay any	creditor a total of \$6,225	* or more?	
		No. Go to lin	e 7.				
		Yes. List belo	ow each creditor to whom you	paid a total of \$6,22	25* or more in one or mor	e payments and the	
		total amount	you paid that creditor. Do not	include payments for	or domestic support obliga	ations, such as	
		child support	and alimony. Also, do not incl	lude payments to ar	attorney for this bankrup	tcy case.	
	* Subje	ect to adjustme	nt on 4/01/16 and every 3 yea	rs after that for case	es filed on or after the date	e of adjustment.	
	_						
	_		otor 2 or both have primarily				
		Ouring the 90 da	ays before you filed for bankru	ptcy, did you pay ar	ny creditor a total of \$600	or more?	
		No. Go to line	e 7.				
		Yes List held	ow each creditor to whom you	naid a total of \$600	or more and the total am	ount you paid that	
	_	_	not include payments for dome			•	
			o, do not include payments to				
		u	o, ao not moiado paymonto to t	an allerney let time .	samuaptoy sass.		
				Dates of	Total amount paid	Amount you still	owe Was this payment for
				payments			
		GM Fina	ncial Po Box 181145	Monthly	\$ 1,050	\$ 15,227	Mortgage
		Arlington	TX 76096				Car
							Credit card
							Loan repayment
							Suppliers or vendors
							Other
			iled for bankruptcy, did you ma ives; any general partners; rela				al nartner:
		,	are an officer, director, persor	, ,		, ,	•
	•	•	business you operate as a sol	e proprietor. 11 U.S	.C. § 101. Include payme	nts for domestic suppor	t obligations,
	such as chi	ld support and	alimony.				
	No.						
	Yes. Lis	st all payments	to an insider.				
				Dates of	Total amount	Amount you still	Reason for this payment
				payment	paid	owe	
NΩ	Mithin 1 vo	or hoforo you f	iled for bankruptcy, did you ma	ako any naymanta a	r transfer any property on	account of a dobt that I	constitud
	an insider?	•	iled for bankruptcy, did you me	ake any payments o	i transier any property on	account of a dept that i	Seriented
	Include pay	ments on debt	s guaranteed or cosigned by a	an insider.			
	No.						
	Yes. Lis	st all payments	to an insider.				
	_			Dates of	Total amount	Amount you still	Reason for this payment
				payment	paid	owe	Include creditor's name
Pa	nrt 4: Ide	entify Legal act	ions, Repossessions, and Fore	closures			
		, .g 	,	-			

Debto	or 1	Dion	James	Bieker	Case Number (if known	own)	
		First Name	Middle Name	Last Name			
09	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.						
		No.					
		Yes. Fill in the details.					
				Nature of the case	Court or agency		Status of the case
10	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.						
		No. Go to line 11					
		Yes. Fill in the information b	pelow.				
11		thin 90 days before you file refuse to make a payment b			ank or financial institution, set off an	y amounts from y	our accounts
		No. Go to line 11					
		Yes. Fill in the information b	pelow.				
12		= = =			possession of an assignee for the be	nefit of creditors,	а
	_	urt-appointed receiver, a cu	stodian, or another of	fficial?			
	=	No.					
	Ц	Yes.					
P	art 5	List Certain Gifts and C	Contributions				
13	Wit	thin 2 years before you filed	d for bankruptcy, did	you give any gifts with a to	tal value of more than \$600 per perso	on?	
		No.					
		Yes. Fill in the details for ea	ach gift.				
14	Wit	thin 2 years before you filed	d for bankruptcy, did	you give any gifts or contri	ibutions with a total value of more that	an \$600 to any ch	arity?
		No.					
		Yes. Fill in the details for ea	ach gift.				
P	art 6	List Certain Losses					
15		thin 1 year before you filed mbling?	for bankruptcy or sin	ce you filed for bankruptcy	, did you lose anything because of the	neft, fire, other dis	saster, or
		No.					
		Yes. Fill in the details for ea	ach gift.				
P	art 7	List Certain Payments	or Transfers				
16	abo	out seeking bankruptcy or լ	oreparing a bankrupto	cy petition?	n your behalf pay or transfer any pro encies for services required in your b		ou consulted
		No.					
		Yes. Fill in the details					
		Party Contact Info		Description and value of	f any property transferred	Date payment or transfer	Amount of payment
		Geraci Law L.L.C.					Payment/Value: \$3,500.00: \$515.00
		55 E. Monroe Street #340	0				paid prior to filing,
		Chicago,IL 60603					balance to be paid
							through the plan.

ebtor 1	Dion	James	Bieker	Case	Number (if known)	
	First Name	Middle Name	Last Name			
	Party Contact Info		Description and value of	of any property transferred	d Date payr or transfe	· ·
	Hananwill Credit Cou	unselina	Credit Counseling Service	es	2016	\$25.00
	_115 N. Cross St.	unsching			2010	Ψ20.00
	Robinson, IL 62454					
pre	omised to help you dea		lid you or anyone else acting or or to make payments to your c u listed on line 16.		sfer any property to any	one who
	No.	•				
	Yes. Fill in the details.					
	•					
	-		did you sell, trade, or otherwis	se transfer any property to	o anyone, other than pr	operty
		-	ness or financial affairs? ade as security (such as the g	ranting of a security inter	rest or mortgage on you	ır property).
Do	not include gifts and	transfers that you have	e already listed on this statem	ent.		
	No.					
	Yes. Fill in the details	for each gift.				
		ou filed for bankruptcy often called asset-prote	r, did you transfer any propert ection devices.)	y to a self-settled trust or	similar device of which	you are a
	No.					
	Yes. Fill in the details	for each gift.				
Part	8: List Certain Finar	ncial Accounts, Instrume	ents, Safe Deposit Boxes, and St	orage Units		
so Ind	ld, moved, or transferr clude checking, saving	red? gs, money market, or o	vere any financial accounts or ther financial accounts; certifi ions, and other financial instit	cates of deposit; shares i	-	
	•	cooperatives, associat	ions, and other imancial instit	utions.		
	No.					
L	Yes. Fill in the details.		ast 4 digits of account number	Type of account or	Date account was	Last balance before
				instrument	closed, sold, moved, or transferred	closing or transfer
					Ji transletteu	
	you now have, or did sh, or other valuables	-	r before you filed for bankrupt	cy, any safe deposit box o	or other depository for	securities,
	No.					
	Yes. Fill in the details.					
		W	ho else had access to it?	Describe the conte	ents	Do you still have it?
На	eve you stored property	y in a storage unit or p	lace other than your home wit	hin 1 year before you file	d for bankruptcy?	
	No.					
Ē	Yes. Fill in the details.					
	_	w	ho else has or had access to it?	Describe the conte	ents	Do you still
						have it?
Part	9: Identify Property	You Hold or Control for	Someone Else			

Debto	or 1	Dion	James	Bieker	Case Number (if known)		
		First Name	Middle Name	Last Name			
23		you hold or conti someone.	rol any property that sor	neone else owns? Include any property	you borrowed from, are storing for, or ho	ld in trust	
No.							
	Ц	Yes. Fill in the de	etails.	Where is the property?	Describe the property	Value	
Pa	art 10	Give Details	About Environmental Info	rmation			
For	the	purpose of Part 1	10, the following definition	ons apply:			
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
		-	ion, facility, or property erate, or utilize it, includ	-	v, whether you now own, operate, or utiliz	e	
			• •	onmental law defines as a hazardous w ntaminant, or similar term.	aste, hazardous substance, toxic		
Rep	ort a	all notices, releas	ses, and proceedings tha	at you know about, regardless of when	they occurred.		
24	_		tal unit notified you that	you may be liable or potentially liable ι	inder or in violation of an environmental la	aw?	
	=	No. Yes. Fill in the de	etails.				
				Governmental unit	Environmental law, if you know it	Date of notice	
25	Hav	e you notified an	ny governmental unit of	any release of hazardous material?			
	=	No.					
	Ц	Yes. Fill in the de	etails.	Governmental unit	Environmental law, if you know it	Date of notice	
26	Hav	e you been a par	rty in any judicial or adm	ninistrative proceeding under any enviro	onmental law? Include settlements and or	ders.	
	=	No. Yes. Fill in the de	ataile				
	Ц	100.1	icano.	Court or agency	Nature of the case	Status of the case	
Pa	art 11	Give Details	About Your Business or C	onnections to Any Business			
27	Witl	hin 4 years befor	e you filed for bankrupto	cy, did you own a business or have any	of the following connections to any busin	uess?	
		A sole propri	etor or self-employed in	a trade, profession, or other activity, ei	ther full-time or part-time		
		A member of	a limited liability compa	ny (LLC) or limited liability partnership	(LLP)		
		A partner in a					
		=	rector, or managing exe	•			
		∐An owner of a	at least 5% of the voting	or equity securities of a corporation			
	=		above applies. Go to Par at apply above and fill in	t 12. the details below for each business.			
28		-	e you filed for bankruptors, or other parties.	cy, did you give a financial statement to	anyone about your business? Include all	financial	
		No.					
		Yes. Fill in the de		Date issued			

Debtor 1	Dion	James	Bieker	Case Number (if known)
	First Name	Middle Name	Last Name	

Part 12:	Sign Below						
answers in conne	I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
🗶 isi	Dion James Bieker	/s/ Carmen Bieker					
Sig	nature of Debtor 1	Signature of Debtor 2					
	e 05/02/2016 MM / DD / YYYY	Date 05/02/2016 MM / DD / YYYY					
Did you a	attach additional pages to Your Statement of Financial Affairs	for Individuals Filing for Bankruptcy (Official Form 107)?					
No							
Yes							
Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?							
No							
Yes.	Name of person	. Attach the Bankruptcy Petition Preparer's Notice,					
		Declaration, and Signature (Official Form 119).					

United States Bankruptcy Court

EASTERN DISTRICT OF WISCONSIN

In re			

Dion James Bieker and Carmen Bieker / Debtors

Chapter: Chapter 13

Case No:

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and	that
com	pensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services	
rend	dered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:	

	For legal services, I have agreed to accept	\$3,500.00
	Prior to the filing of this statement I have received	\$515.00
	Balance Due	\$2,985.00
2.	2. The source of the compensation paid to me was:	
	Debtor(s) Other: (specify	
3.	3. The source of compensation to be paid to me is:	
	Debtor(s) Other: (specify	
		ation with any other person unless they are members and associate
011	of my law firm.	
	I have agreed to share the above-disclosed compensation	n with a other person or persons who are not members or associate
5.	5. In return for the above-disclosed fee, I have agreed to render case, including:	legal service for all aspects of the bankruptcy
ban	a. Analysis of the debtor's financial situation, and renderir bankruptcy:	ng advice to the debtor in determining whether to file a petition in

- - Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. Date: 05/13/2016 /s/ Joseph James Blaha Date Signature of Attorney Geraci Law L.L.C. Name of law firm

Record # 705402

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WISCONSIN

In re

Dion.	lames	Bieker	and Carmen	Bieker	/ Debtors
DIVII	allica	Diekei	and Carmen	Diekei	/ Deniora

Bankruptcy Docket #:

Judge:

VERIFICA	TION	OF C	DEDIT		VIQTAN
VERIFICA	I I I C I N	UF G	KEDII	JK IV	IAIRIA

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 05/02/2016 /s/ Dion James Bieker

Dion James Bieker

X Date & Sign

Dated: 05/02/2016 /s/ Carmen Bieker

Carmen Bieker

X Date & Sign

Record # 705402

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 05/02/2016	/s/ Dion James Bieker		
	Dion James Bieker		
Dated: 05/02/2016	/s/ Carmen Bieker		
	Carmen Bieker		
Dated: 05/13/2016	/s/ Joseph James Blaha		
	Attorney: Joseph James Blaha		

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